First

Junior

5 DATE OF BIRTH

4. RACE

1. DECEASED-NAME

3. SEX

(Type or Print)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

6. AGE (In years

Middle

Paul

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Arbogast

IF UNDER 1 YEAR

IF UNDER 24 HRS.

07066

Yeor

Yeor

12b. KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

MINUTES

MINUTES

20. AUTOPSY?

County

(County)

YES TX NO

and in my opinion

State

2b. AQUR

O:1 W

2d. HOUR

20. DATE KNOWN Month

2c DATE PRONOUNCED DEAD

DEATH MATED 5-15-68

F	OI AL	TH	STA	AT	F
nours after death any delay is	execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to TYO	Office olong with farm PM3. Poge		ond 2 with the State Department of	Story dooth
within 24 t	pencil in It	xominer's 0		ile pages 10	79 house of
Executed	ending in	f Medical E		if permit. F	minhim was
should be	e word "	the Chie		uriol-tron	in our oi
certificate	writing th	orworded to		used as o b	ban house
NER: Ihis	ertificate.	should be fu	files.	should be	ation or co
CAL EXAMI	execute the	or. Poge 4 s	d for your t	TOR: Page 3	unial com

the funeral directo 5 may be retained TO FUNERAL DIREC Health prior to b

35 yrs Aug. 5, 1932 white male 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED 9. COUNTY OF DEATH country) West Va. USA WIDOWED [DIVORCED [GARRETT 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)

Garrett Co. Mam. Hospe. A Boke.

Residence before 13c. CITY OR TOWN

13d. Nobe CITY LIMITS?

13e. STREET AND NUMBER give street, oddress) Oakland 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE W. Va. 13b. COUNTY Preston Route # 1 Aurora YES NO X 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Myrtle Mick Arbogast Eberry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no prunknown) (If yes give war or dates of service) 218-34-2509 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTRACRANIAL HEMORRHAGE IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF CONTUSION OF BRAIN Conditions, if ony, which gove rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) PRIMARY TO OR CONTRIBUTING HOUR A.M. Struck in head by belt on saw-mill 10:10:24 5-15-6819 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town foctory, office building, etc.) WHILE NOT WHILE SOM - TOCTORY, OTTICE OF MAT WORK SOM - TOCTORY, OTTICE OF TOCTORY, OTTICE OTTICE OF TOCTORY, OTTICE OTTICE OF TOCTORY, OTTICE OTTIC Rural) Rowlesburg Preston 220. Vertify that I taak charge of the remains described above, held an Autopsyx, Inspection x, Inquiry x, death fesulted from: Notural causes Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 5-15-68 James H. Feaster, Jr., M. D. ADDRESS(Street, city, town, or county) Oakland. Garr. 23o. BURIAL CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) Rose Hill Cem. Thomas, Tucker, May 18.1968 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Lucasa Thomas, W. Va.

VR A15ME [5]

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	SED-NAME or print)	Rel	First	a	Middle Jane		Bi	ttinge		DATE OF	Manala	O Doy	1968	2b.	HOUR N
3. SEX	F			4. RACE	White			DATE OF BIRTH	1869		6. AGE (In yeo last birthday)	YRS.	IF UNDER 1 YEAR AONTHS DAYS	IF UNDER	R 24 HRS.
7a. BIRTI country)	PLACE (Stot		ign 7		WHAT COUNTRY? USA		ARRIED [NEVER MARRIED DIVORCED		Gar:	DEATH rett				Ma
Gra	or town of antsv	rill		G	NAME OF HOSPITAL ive street address)	Men	noni	te Hor	during most of	ous		ired.)	12b. KIND OF INDUSTRY OWN	BUSINES! Hom	
odmissia	n) STATE	Md		13b. COUNT	Garret	t G		svill	NSIDE CITY LIMITS?		REET AND NUMB				
14. FATH	ER'S NAME	Joh		Middl		lost chold		MOTHER'S MAIDEI 1	NAME First		Mid		Spike	r	
	S DECEASED 10, or unknov	EVER IN	U.S. ARMEI	FORCES? or dates of service	220-52			ormant oodwill	Home	Re	Add				
rise sta las:		iate cou derlying	canse	(b)_ DUE TO, (c)	OR AS A CONSEQUENCE RECEIVED TO BEATH	ICE OF	DRY AL	ART	ERIO	NEI	eros is	5	14	EA	R
CERTIFICATION	DATE OF OP	ERATION	19b, £0	INDITION FOR	WHICH OPERATION I	WAS PERFOR	MED	20o. AUTOPSY?	NO (E)		YES, WERE FIND S OF DEATH?	INGS CON	NSIDERED IN C	ERTIFYIN	G
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Ŵi at v	d. INJURY Of hile Not vork at	while C		ACE OF INJU	OFFICE BUILDING, E	ETC.		ATION Street or			ar Tawn		County		State
	saw th	e dece stoted	ased aliv	le on P	attended the do	19.6	ond	that in (mv) (_ , 19 65 _ our) opinion	deoth	occurred an t	he dote	e and hour	(I) (w	re) las om the
	SIGNATURE	Po	rig	e A	trong		DEGRE	ATTENDING PHYS.	MED. DIRECT	OR 🗆	STAFF PHYS.	22c. Di	ATE SIGNED	,19	68
	NAME (Typ	e) A	23b. DA	AIGE		ME OF CEME		FROS	STOUR		ON (City or Town	1)	(County)	(State	10
B	MOVAL SPECT	<u>T</u> Y)		4/68	Rob			etery	A	vilt	on, Gar	cret	t, Md.		• • • • • • • • • • • • • • • • • • • •
1	The DIRECT	170	Inn	2-1	. Gran		lle.	Md a DA	TE MAY	39 1	9886. REDIS	MICH CO. DI	ORAINA	0,	

Grantsville, Md.

DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.

A ES Line of the second seco atu mul - tilgrede - Læn miller - Erkninge The second of the second STEET TO STREET ADDRESS OF THE PROPERTY OF THE WARDEN BRAIN SYNDROME Circulatory Disturbance JABY 1 LEREBERL PREERIOS CLAROSIS 53 of here on St 120 M 61 hours Flore Storag TAPE OF 1945 A PAISE STIRON & FROSTBURG ML graden annula la mana Wage Land Live Transfer

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20 DATE OF DEATH O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. (Type or print) Month SALEM AUGUSTUS BROADWATER May 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years last_birthday) 1880 Male White July 31 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED in 'b country) WIDOWED [DIVORCED [Maryland Garrett within (10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done give street address) Garrett County Mem. during most of working life, even if retired.) remove carban Oakland Farmer event, 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YEST NO 🛶 Garrett Park Deer and in any 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Henfy Broadwater Olive Sarah signed by the attending physician burial-transit permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) I (If yes give war or dates of service) cremation, or removal, 216-18-1603 Emma Broadwater. Deer Mrs. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove) burial-transit p rise to immediate couse (a). DUE TO, OR AS A CONSPONENCE OF attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b f Health priar to b has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🗔 O FUNERAL DIRECTOR: After this certificate by the haspital ar 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year detached for the Dept. of F (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City or Town While Nat while at wark 220. 1 certify that (I) (this haspital) attended the deceased from NAY 10, 1968, to MAY 15, 1968, that (I) (we) last saw the deceased alive an 15 May 1968, and that in (my) (aur) apinian death occurred an the date and hour and from the director, page 3 shauld shauld be filed with the be retained causes stated abave. (4) (we) (did) (did not) view the bady after death. 22b. SIGNATURE **ATTENDING** STAFF PHYS. DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS

2b. HOUR

6:00PM

IF UNDER I YEAR

INDUSTRY

County

22c. DATE SIGNED

Farming

12b. KIND OF BUSINESS OR

Duckworth

BETWEEN ONSET AND DEATH

State

NAME (Type Mance. Oakland. Maryland E. 23d. LOCATION (City or Town) 23b. DATE 7 2 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION, (County) REMOVAL (Specify) Deer Park Cemetery Deer Park Garret ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24:") FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 Meliantes Oakland, Maryland DATE 1968

The second second second The second of th F 1 07063

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the denth certificate be exacuted within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be defacted far use as the burial-transit permit. Then please remove carban papers. It is shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours.

JOM REV 68

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1,5	CODE,	Δ			CERTIFI	CATE OF	DEATH				171	369	
1. DECEAS		First		Middle		Lost		2a. DATE O		0	V	2b. H	OM.
(lype	or print)	Agnes	S	(None)	De	Signo	re		Manth May	12.	1968	12:	05
3. SEX	female		4. RACE	Lte		S. DATE OF I	0.29,1	.896	6. AGE (In years lost birthday)		THS DAYS	HOURS	24 HRS. Min.
country)	IPLACE (State or for Italy OR TOWN OF DEATH		USA	HAT COUNTRY? AME OF HOSPITAL OR IN	WIDOWED	Lightly	ORCED		rettm N (Kind of work do	one II	2b. KIND OF	RIISINESS	Mo
(Dakland		give 8	arrett Co	. Mem	orial	H during m	ost of working	glife, even if retire	id.) 1	NDUSTRY	003111233	• 11
	AL RESIDENCE (When	e deceosed	lived, if institut 13b. GUNTY Gara	ion: Residence before	13c. CITY O	R TOWN	YES NO	13e. S	on fa				
14. FATHI	ER'S NAME Firs	t	Middle	Last	1	S. MOTHER'S A	AIDEN NAME !	First	Middl	е		Lost	
	I	Franc	cis	Del Si	ignor	е	C	hrist	ine	1	Nolfe	2	
	S DECEASED EVER IN o, or upknown)		or dates of service)	16b. SOCIAL SECURITY 235-72-2	NO. 17.	INFORMANT)	rich	19,0	Addres		1	MATE INTERV	100
rise stat last PAI		use (a), (g couse)	DUE TO, OR A	AS A CONSEQUENCE OF STATE OF S		20a. AUT	OPSY?	20b. 1	en in Part 1(0) If yes, were findin 25 of Death?	IGS CONSI	Jea Ja	19 19 ERTHYING	
	. ACCIDENT WAS U			F INJURY Month Day Year		HOW INJURY OF			ury in Part 1 or Por	t 2, Item	18.)		
OF OF O	either, notify medical. INJURY OCCURRED	al examine	r) P.M.	AT HOME, FARM, STREET, FA	9	OCATION Stro	eet or R.F.D. No	c. Cit	y or Town	((ounty	St	ote
220	o. I certify that sow the dece causes stated	(I) (this eosed ofin dabove,	haspital) att ve on (I) (we) (did)	ended the deceas (di d not) view the	ed from 19 0, or body ofter	nd that in (r death.	ny) (aur) op	inian death	occurred an the	e date o	, that and hour	(I) (we and frai	r) las m thr
	. SIGNATURE	8	Man	ucl	DEG	11112		MED. DIRECTOR	STAFF PHYS.	A LL	SIGNED	68	/
22d	NAME (Type) Dr	. А.	E. Man	ce		22e. AD	okland			1550			
	RIAL, CREMATION,	23b. DA	7 15,19	23c. NAME OF POT		R CREMATORY Metery			ion (City or Town) Gorman	,	ounty) crett	(State)	
24. FUNE	ERAL DIRECTOR	the A	1-1/11	ADDRESS ADDRESS		Va	2So. REC'D E	AY 1.5	1968 REGISTE	PAR'S SIGN	NATURE	udg	2

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		0306	1		(ERTIFI	CATE OF	DEATH				a y	7970
		CEASED-NAME ype or print)	First		Middle	-	Lost		20. DATE O		Davi	Vana	2b. HOUPA
	(i)	ype or printi)	Warı	ren	Roger	De.	lSigno	re		May	12	, 196	8 3:50
	3. SE	Male		4. RACE	hite		5. DATE OF E	BIRTH Bor 2	. 1921	6. AGE (In ye last, birthday	ors Y) YRS.	MONTHS DAY	
ľ		IRTHPLACE (State or	fareign	76. CITIZEN OF WH		8. MARRIED	NEVER MA		9. COUNTY O				
ı	caun	W. Va		U.	S. A.	WIDOWED		ORCED		arret			Md
		or town of de		give s Ga	IME OF HOSPITAL OR INS treet address) rrett Co	Men	norial	during n	ber_Co	Kind af wark life, even if re	tired.) Own	INDUSTRY	
	13a. admi:	USUAL RESIDENCE (National) STATE	vhere deceose	d lived, if instituti 13b. COUNTY	on: Residence before Grant		r town	YES N	IA SEE	REET AND NUM	BER		
ı	14. F	ATHER'S NAME	First	Middle	Last		IS. MOTHER'S N	MAIDEN NAME	First	Mi	ddle		Lost
		Paul				nore	Jenn	ie			Pr	resut	ti
		WAS DECEASED EVER		D FORCES?	166. SOCIAL SECURITY N		INFORMANT				dress		W. Va.
ı		es	WV	12	236-20-5	1/54 1	rance	s Del	Signo	re Rt	1 6	forma	nia.
	NOI	4201	cause (a), { ying cause { NIFICANT CON	(b) DUE TO, OR A (c) DITIONS CONTRIBUTIONS	SA CONSEQUENCE OF SUMMER COLORS OF SECUENCE OF SECUENC	LC TRELATED						y	22 urs
	CERTIFICATION	19g. DATE OF OPERA			ICH OPERATION WAS PER		20a. AUT] NO [CAUSE	F YES, WERE FIN S OF DEATH?			CEKHFYING
١	MEDICAL CE	21a. ACCIDENT WA OR CONTRIBUTING [(If either, natify m	CAUSE OF DEATH	HOUR A.M. P.M.	Month Day Year					ery in Part 1 or	Port 2, It	em 18.)	
١		21d. INJURY OCCUP While Not whi at work at warl	٠ ا		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			eet or R.F.D. No	a. (it	or Town		County	State
١		22a. I certify to saw the d causes sto	hat (I) (this eceased al ted abave	hospital) atte ve an(I) (we) (did)	(did not) view the b	ody after	nd that in (n death.	ny) (au r) ap	inian death	accurred an	the state	e and have	or and fram the
		22b. SIGNATURE 22d. PHYSICIAN'S	5/	lan	ce	DEG	111101		MED. DIRECTOR	STAFF PHYS.	12	ATE SIGNED	468
		NAME (Type)	Dr. A.	E. Man	CB		22e. AD	kland	, Mary	land 21	.550		
	I	BURIAL, CREMATION REMOVAL (Specify)	236. D	5/68	23c. NAME OF C			Gard	ens (ON (City or Tow	a. N	(County)	(Stote) and
	29	funeral director	. mi	inich	ADDRESS Oakland	A Me	nulon		MAY 1	5 1968	BIKAK	GNATURE	Judge

MarylandDATE

Oakland

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours.

Page 4 moy be retained by the hospital or attending physician.

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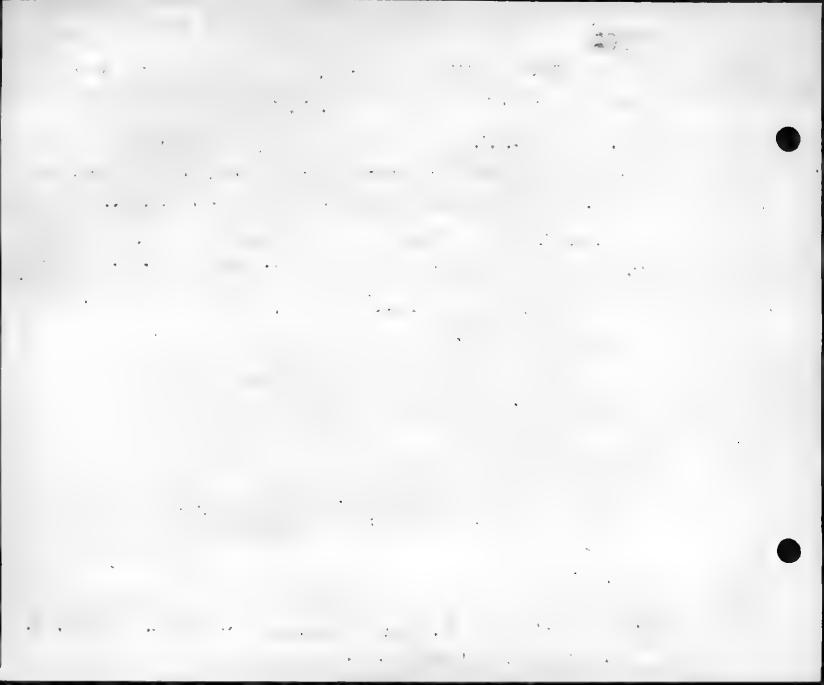
VR A15 (4)

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1.	DECEASED NAME (Type or pnnt) F1	First IZABETH	ELLEN Middle	Т	Lost LYNN		ATE OF DEATH	onth 7 3 07	¬ AledrΩ	2b. HOUR
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3	Female	4 RACE Whi	te	1	s date of birth Feb. 28, 189	91	6 AGI	(In years bythday) YRS.	MONTHS DAYS	HOURS MIN
	. BIRTHPLACE (State or foreig	gn 7b. CITIZEN OF W	HAT COUNTRY? B	MARRIED [NEVER MARRIED	9. COU	TY OF DEATH			
((Md.	u.s.A		WIDOWED			Garr	ett		Md
10	CITY OR TOWN OF DEATH		IAME OF HOSPITAL OR INSTIT	,			PATION (Kind of		12b KIND OF	BUSINESS OR
L	Oakland						ewife ev		INDUSTRY	Home
13	o, USUAL RESIDENCE (Where Impassion) STATE Md.		Allegany	cumbe		LIMITS?	13e STREET AN 431 G	reene S		
14	. FATHER'S NAME First	Middle	Lost	15	MOTHER'S MAIDEN NAME	First		Middle		Lost
L	Free	lerick	Adams			Magy		E.		Brode
1	Yes, no or unknown)	I.S. ARMED FORCES? yes give wor or dates of service)	None	17 16	Michael F.	Flyi	n C	umb . Mo	l.	
	18 CAUSE OF DEATH (E PART I. DEATH WAS I. Conditions, if ony, which rise to immediate cous stating the underlying lost.	DUE TO, OR gove (b)	AS A CONSEQUENCE OF		In fame les		A ladaje	Dese.	BETWEEN O	MARTE INTERVAL DIASET AND DEATH
1	12101	- 1	/	RELATED TO	THE TERMINAL DISEASE OR	CONDITIO	N GIVEN IN PA	RT 1(o)		
1000	190 DATE OF OPERATION 210. ACCIDENT WAS UND		HICH OPERATION WAS PERFO	ORMED	20a. AUTOPSY? YES NO		20b. IF YES, W CAUSES OF DE		ONSIDERED IN C	ERTIFYING
	210. ACCIDENT WAS UND CONTRIBUTING CALS (If either, notify medical AUGUST CALS	E OF DEATH HOUR A.M.	Manth Day Yeor	21c HO	W INJURY OCCURRED (Ente	er noture	of injury in Pa	rt 1 ar Part 2, I	tern IB)	
1	While Not while of wark				ATION Street or R.F.D. No		City or Taw		County	State
	22a. I certify that (l) (this haspital) att sed alive an 3 dabave, (I) (we) (did)	ended the deceased 19 (did nat) view the ba	fram_ 68 and dy after d	that in (my) (our) apeath.	Z. Z., pinian d	eath occurre			
	22b. SIGNATURE	14:00 m	1113	DEGRI		MED. DIRECTOR	STAFF PHYS	22€	DATE SIGNED	6 8
	NAME (Type)	\			228. ADUKESS					
23	BURIAL, CREMATION,	23b. DATE 5/15/68	23c NAME OF CE		REMATORY Comotonu	23d	LOCATION (CHY	or Town) and, A	(County)	(Stote) y, Md.
2	FUNERAL DIRECTOR		ADDRESS		2Sa REC'D	BY REGIS	TRAR 25	b. REGISTRAR S	SIGNATURE	
J	H. Way	ne George	Cumberlan	d, Md	DATEAN	/ = =	1000	Melin	Jan Que	lat.





ADDRESS

24 FUNERAL DIRECTOR

30M REV. DE

2So. REC'D BY REGISTRAR

DATE



33368

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

. 1074

											1
DECEASED-NAME	First		Middle		Last		2a. DATE OF		D	V	2b. HOURA
(Type or print)	Harry	SI	nerman	L.	ewis			May	104	1,9,8	11:10
SEX	4	RACE		S	DATE OF BIRTH			6. AGE (In years		UNDER E YEAR	F JNDER 24 HRS.
Male		W	hite		July 2	7. 1	891	last birthday) 76	YRS.	MITHS OAYS	HOURS MIN
o. BIRTHPLACE (State	or fareign 7b	CITIZEN OF WHAT C	OUNTRY?	B MARRIED	NEVER MARRIED	9.	COUNTY OF	DEATH			
Maryl	and	U.S.	Α.	WIDOWED 🚾	DIVORCED		G	arrett			Md.
O CITY OR TOWN OF E			OF HOSPITAL OR INST	ITUTION (if nat				(Kind of work d		125 KIND OF I	BUSINESS OR
_Oakland		give street Garr	ett 60	Mem.			chan 1	ife, even if retir C	ed)	INDUSTRY	Coal
30. SUAL RESIDENCE	(Where deceosed liv	red, if institution	Residence before	13c, (HTY OR TO		INSIDE CITY LIMIT		EET AND NUMBE			
odmission) STATE Ma	ryland	3b COUNTY Gar	rett	Loch	Lynn "	Str NO	□ 40.	4 Sene	ca 1	Ave.	
14. FATHER'S NAME	First	Middle	Last	IS. /	NOTHER'S MAIDE	N NAME Firs	t	Midd			Lost
Ph	illip		Lewis	3		Cor	a.		1	White	hair
160. WAS DECEASED EV	ER IN U.S. ARMED F	ORCES? 16b	SOCIAL SECURITY NO) 17. INF	ORMANT			Addre	225		
Yes, no crunknown	(If yes give war or di	W. 1 21	3-01-56	667 F	orter	Lewi	8	Crell	in,	Mary	
18. CAUSE OF DI	EATH (Enter only on	e cause per line fa	r (a), (b), and (c))								NATE INTERVAL NSET AND DEATH
PART I. DEAT	TH WAS CAUSED BY:	MISE (a) MIA	condia	1 lust	perlow	1.				n	
4109	IMMEDIATE O	DUE TO, OR AS A	CONSEQUENCE OF								
Conditions, it any		(1)	nrimen	Journal.	11 100	(PERC)	sed.				
rise to immedio		DUE TO, OR AS A	, ,	101-000	7		5-0				
last.	riving couse	(c)									
PART 2. OTHER SI	IGNIFICANT CONDITIC	ONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO T	HE TERMINAL DIS	SEASE OR COM	IDITION GIVEN	IN PART 1(a)			
z 7 - 1 1		11 prima	25					1,			
19g DATE OF OPER	ATION 196. COND	TITION FOR WHICH O	PERATION WAS PER	FORMED	20g AUTOPSY	>	20b. IF	YES, WERE FINDII	NGS CONS	SIDERED IN CE	RTIFYING
190 DATE OF OPER					YES	NO NO	CAUSES	OF DEATH?			
21a. ACCIDENT W	AS UNDERLYING	216 TIME OF INJ	URY	21c. HOW			oture of injur	y in Port 1 or Po	ort 2. Iten	n 18.1	
3 ☐ OR CONTR BUTING	CAUSE OF DEATH	HOUR A.M. M	anth Doy Yeor			4				,	
₹ 21d INJURY OCC	medical examiner)	P.M.	OME, FARM, STREET FACT	ORY 1 21f LOCA	ITION Street or	R.E.D. No.	City	or Tawn		Caunty	State
While Not w	hite; —	(OFFE	CE BURDING, ETC.)	311001 01		city	01 10(11)			0.070
220 Leartify	that (I) (this be	nsnital) attende	nd the decease	d from F	PR. 23	. 19 fa	B to MA	Y 14.	19 E	that Bo	(I) (wa) Inst
saw the	deceased alive tated abave, (1)	on MAV	· 1/2 19	_GRand	that in (my) (aur) apini	an death a	ccurred an th	re date	and hour c	and from the
causes s	tated abave, (I)	(we) (did) (did	nat) view the b	ady after de	ath.						
22b. SIGNATURE	alla	21/-			ATTENDING	MED MED		STAFF (22c DAT	TE SIGNED	10
	197461	96111111	9.	DEGREE	PHYS.	DIR	ECTOR L	PHYS.	9	. 15.	00
22d. PHYSICIAN'S NAME (Type)		_			22e. ADDRESS				-	7.0	
HAUNE (19pe)	B. I	. Gran	t, M.D.		Secor	nd St	reet,	Oakla	nd,	Mary	Land
230 BURIAL, CREMATIC			23c NAME OF C	EMETERY OR CE	REMATORY		23d. LOCATIO	N (City or Fown)		(County)	(State)
REMOVAL (Specify	5/1	7/68	Terra	Alta (Cemeter	CV.	Terra	Alta			W. Va.
24. FUNERAL DIRECTOR		Λ	ADDRESS		250	. REC'D BY	REGISTRAR	2Sb REGIST			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campietely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon appers shauld be filed with the State Dept. af Health priar to burial, cremation, or remaval, and in any event, within 22 t VR A15 (4) 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

ADDRESS Oakland.

250. REC'D BY REGISTRAR
DATE MAY 22 MarylandDATE

256 REGISTRARS, SIGNATURE 1868 Frances

Judge



GTEGS

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

					LEKTIFILA	AIE UF I	DEALL					4.7	
	CEASED-NAME	First		Middle		Lost		2a. DATE	OF DEATH			2b 1	HOUR
(1	ype or print)	LEONAL	RD (HIBERT	L	INGA NE	TENTAD		Month MAY	Boy	1968	3 8:1	35AM
3 SE	Χ	20220000	4. RACE		AND DESCRIPTION OF THE PERSON	S. DATE OF BIR			6. AGE (In		IF UNDER 1 YEAR	IF UNDER	
	MALE		WHI	FE		MARCH	10.191	5	last birth	day) 1	MONTHS DAYS	HOURS	MIN,
	IRTHPLACE (State or f	areign 75	b. CITIZEN OF WHAT		8 MARRIED	NEVER MARR		COUNTY	OF DEATH				
coun	PENNSYL	VALITA	USA		WIDOWED [GARRE	TT			Md
10 0	ITY OR TOWN OF DEA	Н	11 NAME	E OF HOSPITAL OR IN	on 11) MOITUTITE	t in haspital			ON (Kind of w		12b KIND OF	BUSINESS	OR
	OAKLAND		GAR.	et address) ZZTT COUR	ITY IOM	ORIAL	during mo	GINE.	ing ife even it	retired j	INDUSTRY RATLE	ROAD	
	USUAL RESIDENCE (WI		lived, if institution.				3d INSIDE CITY L M	1.TS? 13e	STREET AND N				
Quitt		ISYLVA	13b COUNTY	LIECHELLY	MC KE	ESPORT	YES NO	<u> </u>	2029 KA	NSAS A	AVENUE		
14. F		irst	Middle	Lost		MOTHER'S MAI				Middle		Lost	
		ONARD	IELVII		AFTEID.		COR	LA				SIEAI	
lóa	WAS DECEASED EVER es, no, or unknown)	N U.S. ARMED (If yes give wor o	training of new days	Sb. SOCIAL SECURITY I		FORMANT (/			Address20	29 KAN	SAS I	AV.:
	no			<u> 565-18-</u>	441(10)	IANNA I	I. LEIG	MIFIE	ELD	MC Ka	BSPORT.		NNA .
	18 CAUSE OF DEAT			for (a), (b), and (c)	× m		1.1	1	1 4	· ·		MATE INTERV ONSET AND D	
	PART 1 DEATH 1	MWEDIATE		Henl	e Mr	rocan	dial	my	and		12	· de	242
	4109		DUE TO, OR AS /	A CONSEQUENCE OF	0	p.		11			1 ,_	-	
	Conditions, if only, w		(b)	Corone	2 mg	MAR	nord	in	orn		10%	1. CA	22
	stating the underly		DUE TO, OR AS A	A CONSEQUENCE OF	V								
	last.)	(c)								1		
	PART 2 OTHER SIGN	FICANT CONDI	TIONS CONTRIBUTIN	G TO DEATH BUT N	OT RELATED TO	THE TERMINAL	DISEASE ORCO	INDITION G	IVEN IN PART 1	[0]			
NON	19a. DATE OF OPERATION	N 1305 CO	NDITION FOR WHICH	OPERATION WAS BE	OCO NED	20o AUTOP	NCV2	Lank	IF YES, WERE	TIMPINOS CO.	WEIDEDED IN C	Entieving	
CERTIFICATION	17d. DATE OF OPERATE	IN 175 CO	MUTION FOR WHICH	OPERATION WAS PE	KPUKMEU	YES I	NO □		ISES OF DEATH?	rindinos co	INSTREET IN C	EKHPIING	,
ERTI	21a ACCIDENT WAS	INDERIVING	216 TIME OF IN	HIIDY	121, HO			nature of	njury in Part 1	or Port 2 It	tom 191		
S	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M.	Month Doy Year	1	W INJURI OCCU	NUCE THE	ildigle of i	illook ist roll 1	O(101+ 2, 10	en, iñ ì		
MED	(If either, notify med 21d INJURY OCCURR			HOME FARM STREET FA		ATION Street	or P.F.D. No.	1	Lity or Town		County	5	tate
	While Mat while		OF HISOKI OF	HOME, FARM, STREET, FAI FFICE BUILDING, ETC	7 211 101	MINOR SHEET	OF KILD NO.	,	rad or rown		Cooning	~	1010
	22a certify th	at (I) (this	hasnital) attent	ded the decare	ed from	APRIT. 2	23. 19 6	aB to i	ay 9.	19 (68_, that	(1) /w	a) last
	sow the de	ceased aliv	re an Me	AN 8. 1	19 & S. and	that in (my) (aur) apin	nan deat	h accurred o				
		d above, ((l) (we) (did) (di	not) view the	bady after d	eath.							
	22b. SIGNATURE	14	12/6	1.11		ATTENDING	G FIEL ME	D	STAFF C	22c. D.	ATE SIGNED	/	8
	22d PHYSICIAN'S	irl	11.	orgalor	DEGRE	E PHYS. 22e ADDR		RECTOR L	LI PHYS. [May	_ @	0
		L:RBER	T H. LETC	MTON, 11.	D.		STREE	T	CALLA	ND. M	ARYLANI)	
230	BURIAL, CREMATION,	23b QA1		23c NAME OF	T			334 100	AT ON It to as T		If a united	/State	i la
230	REMOVAL (Specify)		2/68	youngi	rood C	emete	ru	your	a Cilla A A	1300 K	TMAKA	lanc	1, Pc
24	FUNERAL DIRECTOR		7	ADDRESS	/ /		2So. REC'D BY	REGISTRAL	25b R	EGISTRAD'S S	SIGNATURE		
	Alin	1.0	jurst.	Oak	Idnd.	Md	DATE MA	V 4 0	1968	ficho	was y	udge	-

TO FUNERAL DIRECTOR: After this cert ficote has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon segmens. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 houng all VR A15 (4 30M REV 1/

TO HOSPITAL OR ATTENDING PHYSICIAN: The low remures that the death certificate be executed within 24 llows ofter death. Page 4 may be retained by the hospital or attending physician.



Jeath.

rs offer

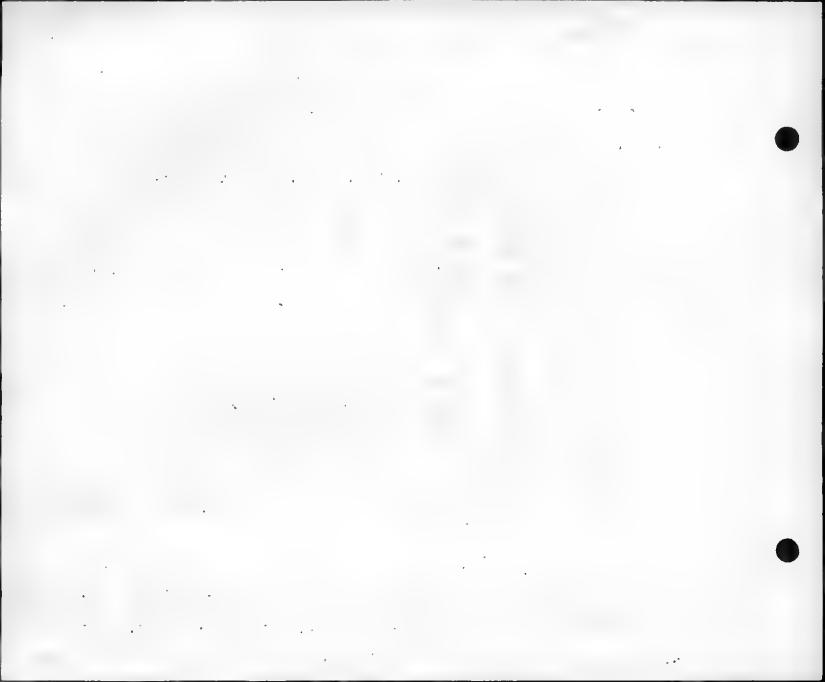
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 and 2 should be filed with the State Dept. at Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death.

VR ATSVA 30M RBV VIOR

THESPITAL OF ATTENDING PHYLICIAN: The faw requires that the Teath certificate be executed within 24 had Page 4 may be retained by the hospital or attending plysician.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

			`		III OI	PEAIII					
DECEASED NAME	First		M-ddle		Last		20. [DATE OF DEATH			2b. HOUR
(Type or print)	Rober	rta	Ruth		Marki	LGY		May	1, T	968 Year	8:45pM
SEX		4. RACE			S. DATE OF I	BIRTH		6. AGE (II	n yeors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Female	9	White	2		Jan.	6, 1	911	last bin	naay) YRS. :	MONTHS DAYS	HOURS MIN
BIRTHPLACE (State	ar fore.gn	76 CITIZEN OF W	HAT COUNTRY?	8 MARR	IED 🔂 NEVER MA	RRIED		NTY OF DEATH			
W. Va.		USA		WIDOW	VED DIVE	ORCED		GARRETI	·		Md
). CITY OR TOWN OF	DEATH	11 1	NAME OF HOSPITAL OR INS	THUTION	(If not in haspital	12a. JSU	AL OCCU	PATION (Kind of v	work done	F2b KIND OF	F BUSINESS OR
Oakland		Ge	street address)	. Me	em. Hos	p. ouring in	ost	working lire, even Mistres	s retired.j		Offic
30. JSJAL RESIDENCE	(Where deceose	d lived, if institu	mon Res dence before	13c CITY	OR TOWN	13d INSTOC CITY	LIM TS?	13e STREET AND I	NUMBER		
dm.sion) STATE	nd	13b COUNTY	ett	Hut	tton	YES N	0				
4. FATHER'S NAME	First	Middle	last		IS. MOTHER'S A	IAIDEN NAME	First		Middle		Last
Millard	Coco	phus	Boice		Meldo	na Go	ad				
6a WAS DECEASED E Yes, no, or unknow	VER IN U.S ARME	D FORCES?	166 SOCIAL SECURITY I		17. INFORMANT				Address		
no no	(11)		215-36-9	677	Paul M	arkle	y H	utton.	Mary		
18. CAUSE OF I	DEATH (Enter anly	one couse per	ine far (o), (b), and (c).]_						APPROX BETWEEN	ONSET AND OBATH
PART 1. DE	ATH WAS CAUSED	BY: F CAUSE (n)	Addis	(sed)	Ilsa	ese:				415	,
17.9)		AS A CONSEQUENCE OF								-
	y, which gave	(b)									
rise to immedi- stating the unc	ote cause (a),		AS A CONSEQUENCE OF								
last.	Jerrynig Couse	(c)									
PART 2 OTHER	SIGNIFICANT COND	TIONS CONTRIB	UTING TO DEATH BUT N	OT RELATE	D TO THE TERMIN	AL DISEASE OR	CONDITIO	ON GIVEN IN PART	l(a)		
* 3/ / X		Aulian	mance	Sup	rum/o	ted)	4	15.			
190 DATE OF OPE		ONDITION FOR W	HICH OPERATION WAS PE	RFORMED	2Da. AUT	OPSY?		2Db IF YES, WERE		ONSIDERED IN C	CERTIFYING
19a DATE OF OPE					YES [] NO [CAUSES OF DEATH	?		
	WAS UNDERLYING			21	c. HOW INJURY OF	CURRED (Ent	er nature	of injury in Port	ar Part 2,	Item 18.)	
	G CAUSE OF DEATH medical exomine		Month Doy Year	,							
	CURRED 21e F		AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.		f. LOCATION Str	et or R.F.D. No	D.	City or Town		County	State
White Not v	while 🔲		OFFICE BUILDING, ETC.	- 1				·			
22a. I certify	v that (I) (this	haspital) at	tended the decease	ed fram	Sepl	. 19	61/	to May	, 19	68 , that	t (I) (we) last
saw the	deceased ali	ve an	tended the decease	9	and that in (r	ny) (aur) ap	ıın i an d	leath accurred	an the do	ite and haur	and from the
	stated abave,	(I) (we) (did	(did not) view the	bady af	ter death.						
22b. SIGNATURE	alle		4		ATTEND	ING	MED.	STAFF	220	DATE SIGNED 6	2
	COIVE	UNAL	1120	[DEGREE PHYS.		DIRECTOR	PHYS.		0/1/0	
22d. PHYSICIAN NAME (Type	R. T.	Grant			22e. AD		nd 9	St. Oak	hand	MA	
											(A) - 1
23a. BUR AL, CREMAT REMOYAL (Specif		/ B /68			OR CREMATORY		3	LOCATION (City or			(State)
24: FUNERAL DIRECTO	· ~ ~	/ 10/00	1 ADDRESS		nes ve	2So. REC'D		Jarrett	DEGISTRADE	S SIGNATURE	viand
Z40 FUNEKAL DIKECIU	3.7	unni	N/		. Md.		UN :				1 4.0
Juin 21 1	11/11/	W/W/WC	V Can.	round	والمالات وا	DATE J	UN	1 1 1968	1112	isseles (MALL





MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remave carban paped should be filed with the State Dept of Health prior to burial, crematian, ≡ re≡aval, and in any event, within 72.

VR ATS W

ISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH

									: 1	
	DECEASED-NAME	First	Middle		Last	2a. DA	TE OF DEATH			HOUR
(Type or print)	MATTHEW	FLLIS		MARTIN. S	r.	Month I	Oay Yea	GR R	:50A1
3 5	ξX	4. RACE	رايد ويستد		S DATE OF BIRTH		0.0000	IF UNDER 1 Y		ER 24 HRS
	MALE		THE THEORY			000	6 AGE (In years last birthday)		AYS HOURS	MiN,
_			HITE	0	JUNE 21,1		77 YE	2.		
	BIRTHPLACE (State or fo intry)		HAI COUNTRE?	-	NEVER MARRIED	y. Count	I OF DEATH			
	PARYI			WIDOWED [may the state of t		GARRET	1		Md
10	CITY OR TOWN OF DEAT		AME OF HOSPITAL OR INS		t in haspital 12a L	USUAL OCCUP	ATION (Kind of work don	e 125. KIN	OF BUSINE	
	OAKLAND	GA.	street address)	FY MIR	DRIAL	g most of wo	rk ng life, eyen if ret red R.T., T. 11D. 11 T	FO	Y RESTR	Y
		ere deceased lived, if institu	ian. Residence before	13c CiTY OR			3e. STREET AND NUMBER			
adn	nission) STATE	RYLA III) 136. COUNTY	GARRETT	GRA I	SVILLE	NO 🗌	$P_{\bullet}O_{\bullet} = BOX$	# 723		
14		rst Mrddle	Last		MOTHER'S MAIDEN NAM	AF Feest	Middle	77 -1-7-1	Łasi	
. 7.				f	MOTHER S MAINTIN MAN					
1.5	1 L/A 1. WAS DECEASED EVER 1	TTHEW	17ART		FORMANT (WIFE	REBECC	iA. Address		HIL	مِد
100	Yes, normaniknown)	N U.S. ARMED FORCES? (If yes give wor or dates of service)	I OD. SUCIAL SECURITY N		•			rate (12	E A TO TIPE	7777
	MO				JULA C. DAR	TIN	GRANTSV		LARYL	
		l (Enter anly ane cause per li	ne far (a), (b), and (c))	1	911	1			PROXIMATE INTE	
	PART I. DEATH V	/AS CAUSED BY: IMMEDIATE CAUSE (a)	Cluric	exten	resultar	16223		1/	217	フ
	To O X		AS A CONSEQUENCE OF		1 -7/	'	70	///	·	
	Canditions, if any, wh	ich gave)	11111	1701	dial/Le	dist 1	Vy man C	dekler	1lac	10
	rise ta immediate c	ouse (a). (b)		10000	2.2.41	U DY P	71	- Cu	~-/	_
	stating the underlying	18 50036	AS A CONSEQUENCE OF	01.5	50600	100	_ 0	1 0	2001	
	last.	, (c)	ALLA	tuj	JC 2 E 6 6	120			Je ce	<u> </u>
	PART 2 OTHER SIGNI	FICANT CONDITIONS CONTRIBL	ITING TO DEATH BUT NO	IT RELATED TO	THE TERMINAL DISEASE	OR CONDITION	GIVEN IN PART 1(a)	V		
E	12/									
AIK	19a. DATE OF OPERATIO	N 196. CONDITION FOR WI	HCH OPERATION WAS PER	FORMED	20g AUTOPSY?		Ob IF YES, WERE FINDING	S CONSIDERED	IN CERTIFYII	NG
CERTIFICATION					YES NO		AUSES OF DEATH?			
E	21a ACCIDENT WAS I	INDERLYING 215 TIME O	FINJURY	21c HC	W INJURY OCCURRED (I	Enter nature o	f injury in Part 1 or Part	2, Item 18.)		
MEDICAL	OR CONTRIBUTING		Month Day Year							
NED.	(If either, natify med		AT HOME FARM STREET FACT		CATION Street or R.F.D.	No	City or Town	Caunty		State
-	While Nat while	TIE FLACE OF INJURY	OFFICE BUILDING, ETC.	7 211. 10	באנוטח סיופפו מר וגדט.	. 110	chy or town	zuunny z		JIUIE
	at work at work				0//	1.50		10		
	22a. I certify the	eased alive an	ended the decease	d from	8 Mary 1	9 4 d. to	1 licony	1968,1	hat (I) (v	we) last
	saw the dec	eased alive an	157 CC 7	9-2-, and	that in (my)/(aur)	apinian de	ath accurred on the	date and h	ıvr and fı	am the
		ed abave, (I) (we) (did)	(did nat) view the t	saay affer a	earn.					
	22b. SIGNATURE	1 5	1/2		ATTENDING	MED	STAFF C	C DAJE SIGNE) /	CY
	te	ude 1411/	Mance	DEGR	E PHYS	DIRECTOR	LI PHYS LI	1 /110	11/6	5
	22d. PHYSICIAN'S	4 3 50 00 TO 4 TO 3 C	13100 31 D		22e. ADD RESS	de la maria del comercia	0.1.757.4.3	9	7	
	NAME (Type)	ANDRIW E. M	AllCij Field		THIRD	STREET	OAKLAL	D, MAR	ATVIID	
30	BURIAL, CREMAT ON,	236. DATE	23c NAME OF (EMETERY OR	CREMATORY	23d. t0	OCATION (City or Town)	(County)	(Sto	te)
	REMOVAL (Specify) Burial	5/12/68	Grant	svill	e Cemeter	CV Gr	antsville	Garre	ett.N	ld.
24	EUNERAL DIRECTOR	1 1/ 1C/ UO	ADDRESS	<u> </u>		D BY REGISTI		R& SIGNATURE	0 4	
	1. th 7/2		Grants			MAY 1	5 1968	warley	Judy	100
11	11701 131	117711111	(TODE C	3/ 1 (🖎	- CRI ALDAR	4713 4 7	V 17 1		41 V	



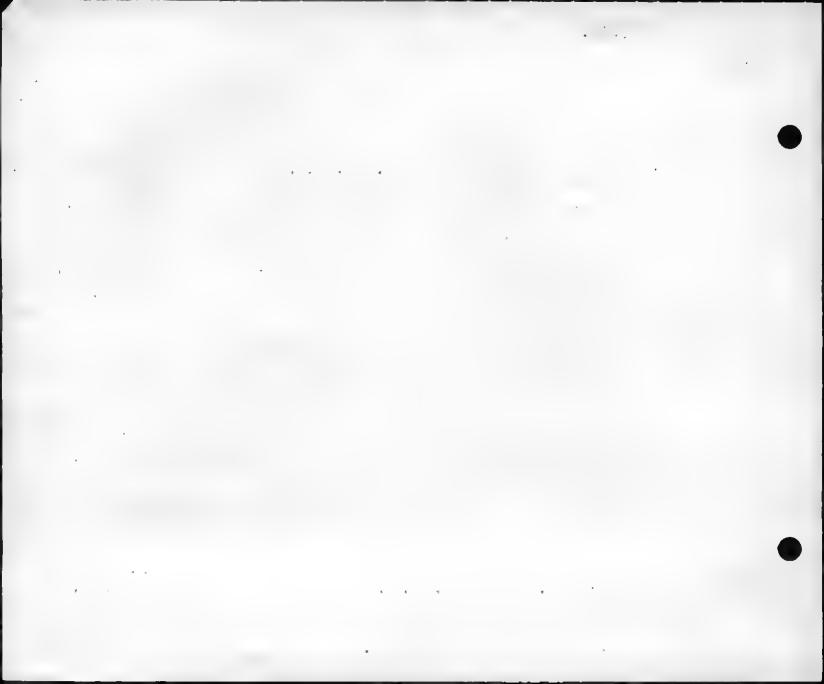
		07053				PAKIMENI UF F				
. 1		06069				TON STREET, BALT	IMORE, MARY	(LAND 21201		
il and	It	em6,Film#Gh01	6/3/68km	C	ERTIFICAT	E OF DEATH				1
31		CEASED-NAME First		Middle		Last	20. DATE OF D			2b. HOUR
定意	(1	ype or print)	vieve	Ruth	Mill	lon	May	Month Doy	1968	6:30
	3. 58		4. RACE	THE OTT		DATE OF BIRTH		AGE (In years	IF UNDER 3 YEAR	IF UNDER 24 HRS.
1		ਸ		T 71 - 2		T 7		last birthday)	MONTHS DAYS	HOURS MIN
	Za F	SIRTHPLACE (State or foreign	7b CITIZEN OF WHAT	White I			1913 9. COUNTY OF D			
	cour	itry)			MARKIED X	NEVER MARRIED DIVORCED				
	10 7	Pid.	US	OF HOSPITAL OR INST		land.		Harrett	12b. KIND OF E	M.
				et oddress)	HOLLOW In side an			e, even if ret red)	INDUSTRY	
		rantsville USUAL RES DENCE (Where deceas	ad found of make district	Bandana balan	13c. CITY OR TOW			UTICETE 21	raent (vO.
	admi	ssion) STATE	13b. COUNTY			VES I NO	ISE. SIKE	EI AND NUMBER		
		Md.		Gerrett	Grants	avi lie	X			
	14. 1	FATHER S NAME FIRST	Middle	Last	S MC	OTHER'S MAIDEN NAME F	irst	Middle		Last
		Milton		Railey		F.f	fie		Warni	ck
		WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (19 yes give w	MED FORCES? 16 ray or diotes of service)	b. social security n				Address		
		No			Chri	<u>istian Mi</u>	ller, (rantsvi.		d
		18. CAUSE OF DEATH (Enter on	ly ane cause per line f	or (o), (b), and (c).)	/					ATE INTERVAL
		PART I. DEATH WAS CAUSED	D BY. NTE CAUSE (a)	rotast	atic	Carcino	421 az			
		1.5 / 1		CONSEQUENCE-OF		,	0			
		Conditions, if any, which gave)	(6)		Velner	ng cf f	aniver	21	4,:	villes
		nse to immediate cause (a), (stating the underlying couse(DUE TO, OR AS A	CONSEQUENCE OF)	1 1	•
		lost.	(c)							
		PART 2 OTHER SIGNIFICANT COM		G TO DEATH BUT NO	T RELATED TO THE	TERMINAL DISEASE OR C	ONDITION GIVEN	IN PART 1(o)		
		157	24-					7-7		
	T 0.N	190 DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PER	FORMED	20o AUTOPSY?	20b. IF Y	ES. WERE FINDINGS CO	ONSIDERED IN CER	RTIFYING
,-	SE			-		YES NO 🔀	L'AHERE C	F DEATH?		
	CERT-FICAT ON	21a ACCIDENT WAS UNDERLYIN	IG 21b. TIME OF IN	JURY	2]c HOW 1	NUURY OCCURRED (Enter		in Part 1 or Port 2 I	tem 18.1	
		OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M.	Month Doy Year		Trickle		The same of the sa		
	MEDICAL	(If either, notify medical examinated and the state of th		HOME, FARM, STREET, FACT	ORY. 1 216 LOCATE	ON Street or P.F.D. No.	City o	Town	County	State
		1111-0 1101 11-110	OF	FICE BUILDING, ETC) and tooking	ON Street or R.F.D. No.	. tily o	I LWART!	cooling	31010
		at wark at wark	in-hannelly see -	lad the deserve	d from (7	/26 19 4	A to	5-26,19	10 A A A A A A A A A A A A A A A A A A A	//\ /14m\ 1.
		22a. I certify that (I) (the saw the deceased a	live an	led the deceased	and th	at in (my) (aut) apı	nion death ac	curred on the do	<u>≀z ≃</u> , t⊓at te and haur a	(i) (we) las
		causes stated above		d nat) view the b	ady after deat	th.	man acam at	corred un inte du	ic dilu ildəl d	III III III
		22b. SIGNATURE	" 1	-0/-	, 45		146	22c [ATE SIGNED	
			2011	Tarreit	15 DEGREE	ATTENDING D. N. PHYS. B	AED IRECTOR	STAFF PHYS.	- 21-6	5
		22d. PHYSICIAN'S	/		July 4	22e. ADDRESS) /	
		NAME (Type)	Orage	(TU	ELL	17760	18x5d	als. 1 "	-	
	230	BUR AL, (REMATION, 235	DATE	23c. NAME OF C	EMETERY OR CREA	MATORY	23d LOCATION	(City or Town)	(County)	(Stote)
X	2.50	REMOVAL (Specify) burial 5/	20/68			Cemetery				, ,
1		PUNERAL DIRECTOR	C7/00	ADDRESS	SVIIIE	2So. REC D B	Y REGISTRAR	25b. REGISTARS	SIGNATURE	-
В	K	the Marian	/			DUT MAY	29 198	5B /	0	0
	121	LUI ILLUTTU	- Comment	Grants	v) le.	MIS DATE (ALEX I	10 V			

AS A PARK ARAD

COLOR DEBLOWED OF HEALTH



FOR S	TATE			3717	T DIVISION				RTIFICATE O				7.5	à
HEATH	PEPT	1	I DE	CEASED-NAME	F rst		M ddl		Last	, DEM	20 DATE KNOW	N- Manth	Day Year	2b HOUR
v 0	7		T)	ype or Print)	J	esse	H		Shadwell			<u>x</u> □5_6_		1 P
> 4 8 W	E-		3 SE	X .	4. RACE	S DATE OF BIR	TH	6 AGE in years	IF UNDER 1 YEAR	IF UNDER 24 HRS.	2c DATE PRONOL	INCED DEAD	06 17	2d HOUE
and and M3	I III			. le	White	July 1		jest birthday) 44 YRS	MONTHS DAYS	HOURS M.N		066	Yeor 1968	
2,2	pd-			IRTHPLACE (State		76 CITIZEN OF WH	AT COUNTRY?	8 MA	RRIED MEVER MARR	ED 9 CC	OUNTY OF DEATH			
S E E	9		count	ry) Cumb	erland	U	SA	WIDI	DWED DIVORC	ED [Garrett			N
death Prigge with 1	lond 2 with the State Departim ofter death	ļ		ty or town of	F DEATH				l (If not in hospitol Mam. Hospi		OCCLPATION (Kind of			
ofter 8 GIV alomg	with the	11	13a	USUAL RES DEN Imission) STATE	CE (Where deceas	ed lived, if not to		before 13c CITY		INSIDE CITY JUM TS?	13e STREET AND	NUMBER	st St.	
urs n 1	d2 er d		14 F/	ATHER S NAME	First	Middle		cost	1S MOTHER'S MAIDE			Middle		r.h
hor Te	l ond ofter		14 17	ATTIER 3 INAME		es H. Si			13 MOINER 3 MAIDE				ر0	51
24 in	poges	ŀ	160 1	WAS DEVENSED EN	ER NUS ARMEDI		16b SOC AL SECU		7 INFORMANT	ъер	hia Bean	DORFSS		
within 5 pewal , Exominer		ļ		es, no, or unknov		war as dates of service)	100 30C AL SECO			- T			7 . 7	,
within pellic xomir	File 72								urs. Vern	а ьее	PHEGMETT	, oumb	APPROXIMAT	
	within			18. CAUSE OF	DEATH (Enter on DEATH WAS CAUSE	y ane couse per li	ne for (o), (b), a		07147731 00	OT HATA	3.7		BETWEEN ONSE	T AND DEATH
executed inding i Medical	permit at within			1// 0		TE CALSE (a)			ONARY OC	CLUSIC	71V		SUDDE	11N
ence f M	ansit pe event			forditions is	iny, which gove	DUE TO, OR	AS A CONSEQUE		ORONARY S	מתעד דום	TO WITHU			
d be	rans			rise to immed	liate cause (a),	(D)					TO MITTI			
should word the Cl	bunol transit In any even			stating the un	iderlying couse	DUE TO, OR	AS A CONSEQUE	NCE OF	THRON	iBOSIS				
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	E Pur			last)	(c)								
(1)	o o o			4	SIGNIF CANT COND	IT ONS CONTRIBLE	NG TO DEATH BU	IT NOT RELATED	TO THE TERMINAL DISE	EASE OR COND T	ON GIVEN IN PART	1(a)		
certificati , writme i	e used as removal, a		NO	f XUI	DESATION		tal causimou	500 WHIST 000	47.04				Lan Allmani	11.70
cer wr	used	_ ,	CERTIFICATION	19g DATE OF C	PERATION		19b. CONDITION WAS PERFO		RAIION				20. AUTOPS	
his ote		- [RIF	GI - FUTEBLIAL	CANIET II AC	loss true of	IN HOU AL II D	y	11011	0050 (5			y ES 💽	NO [
Prinfic	s. ould on, or		MEDICAL C	PRIMARY 0 CAUSE OF DEAT	R CONTRIBUTING [19, Tear 2	TC. HOW INJURY OCCU	IKKED (Enter na	fure at injury in Par	1 ar Part 2,	tem 18)	
INE C	3 stre		MED	21d NJURY OC	CURRED 21e	PLACE OF INJURY (At hame, farm, st	* *	IF LOCATION Street or	RFD Na	City or Town	1	Caunty	State
EXAMINER: ute the cert	your files. Poge 3 shou cremotion,			AT WORK		tory, office building	g, etc)				<u> </u>			
A Back	101, 1101,			22o. 1	cectify that I to	ook charge of th	he remo ns de	scribed obov	e, held an Autaps	sy 🗷, 1	nspectian 🕱,	Inquiry 🕱	and in n	ny opinia
2 e e 1 d	E C G			death re	sylted from	Natural caus	ies 🗷 , Ac	cident, 🔲,	Sarcide	Homicide 🗌], Undetermin	ied manner		
ems ems	를 보 수				/				CHIEF	MEDICAL EXAMI	NER 🔲			
19 19	RAL D			SIGNATURE _	Gran 1	1. Le	ula .	12 - L	MD ASSIST	ANT MEDICAL EX	KAMINER	22b. DATE		
Sary	ER/be			FYAMINER'S					DEPUT	Y MEDICAL EXAI	MINER 🔼	5-6-6		
O DEPUTY necessary, the fullero	o FUNERAL DIR Health prior to	٠.		NAME (Type)	James H	 Feaste 					town, ar county)	OalcLan	d, Md.	
than the	~ <u>e</u>		23a	BURIAL, CREMA	TION, 23b	DATE	23c NAP	AE OF CEMETERY	OR CREMATORY	23	d LOCATION (City o	r Town)	(County) (State)
	7	B	Į.	REMOVA Spec	1181	y 9,1968	Gre	enmoun'	t Ceneter	v	Cumberla	ad.All	esam, a	-7
	K	3/	24	FUNERAL D RECT	OR			ADDRESS	1.9	So RECD BY R	Cumberla EGISTRAR 2SE			u.
	A15ME (5)	1	Ų	dilts F	. Scar	elli, Cu	umberla	nd, Md	• Đ	ATE MAY	8 1968	Och	anles for	della



VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF REALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERT	IFICA	TE	OF	DEA	TH

COUNTY Garrett MARYLAND			e. STATE Maryland b. COUNTY Garrett				
Kitzmil	N (if outside corporate limits, and give nearest town)	53yrs.	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) Kitzmiller				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)		d. STREET ADDRESS			o. IS RESIDENCE ON A FARM?		
Main Street			Center Street			YES NO	
3. NAME OF DECEASED	First	Middle	Lest	4. DATE Month		Yeer	
(Type or print)	Mildred	Naomi	Sharpless	деятн Мау	20	19 68	
5. SEX Female	6. COLOR OR RACE 7. MARR WHITE WIDOW	77	ec.10.1914	9. AGE (In years aspointhday)	Months Days	Hours Min.	
	1110011	KIND OF BUSINESS OR INDUST		y & State, or foreign country)	12. CITIZEN OF	WHAT COUNTRY?	
done during most of working life, even if retired) Housework Kitzmiller, Md. U.S.A.							
13, FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
Robert Thomas Davis B				Bertha Ellen Simon			
15. WAS DECEASED	EVER IN U.S. ARMED FORCES? 16 (If yes give wer or dates of service)	SOCIAL SECURITY NO. 17.		Address			
No	2	15-26-9431 MI	s. Goldie (Green, Kitzm	miller,	Md.	
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c),] INTERVAL BETWEEN ONSET AND DEATH							
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) a Carle Upon and the Manual Company						don	
1711	1744 DUETO O						
Conditions, if	iny, which) (b)	oranim-	1 Tuna	. 0	1	· M	
gave rise to imm			1				
(a), sletting the underlying DUE TO						the.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 199 WAS AUTOPSY PERFORMED?							
YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH							
Hour e.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, Power and While Not While at work						
		nded the decessed from	The s	1967 10 Sam 2	0 1968	nat (I) (we) last	
saw the dec	that (I) (this hospital) atte	20 19 by and that	death occurred at 3	25 Pon the causes a	nd on the date	stated above.	
22e. SIGNATUI	RE	English Parking and Indi	degill occurred al.,				
Roly	the Colowerll	, A	A.D. PHYS.	RECTOR PHYS.		SIGNED	
PHYSICIAL NAMED I	Ralph Caland	lrella	Z2d. ADDRESS Kitzmi	ller, Md. 21	538		
23a, BURIAL, CREM	ATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, lov		(Stete)	
Burrar		8-Nethken Hi					
amy Mil	ared Sharpless	P.O.Kitzmill	AA . A C. B	MAY 2.4 1968	Jelianes signat	11 1 11	
1					*	4	

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Oakland, Md.

30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH

